



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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8/11/19

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2019 REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)

Pavlicek, Melissa, T

LOBBYIST FIRM/EMPLOYER (If applicable)

Hawaii Public Policy Advocates LLC

TELEPHONE

808-447-1840

MAILING ADDRESS (No. and Street or P.O. Box)

1099 Alakea Street, Suite 2530

FAX

EMAIL mpavlicek@hawaiipublicpolicy.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Helicopters Association

TELEPHONE

808-447-1840

MAILING ADDRESS (No. and Street or P.O. Box)

1099 Alakea Street, Suite 2530

FAX

EMAIL mpavlicek@hawaiipublicpolicy.com

(City) Honolulu

(State) HI

(Zip Code) 96813

ESTIMATED NUMBER OF MEMBERS (If lobbying on behalf of members)

10

☐ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

Board action.

☐ Not Applicable

PART II.B NO LONGER LOBBYING

☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below): _____		

PART IV LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>Melvin Parker</u> LOBBYIST SIGNATURE</p> <p><u>8-30-19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>30th</u> day of <u>August</u>, 2019.</p> <p>By: <u>Venelyn Deiner</u> <u>VENELYN DEINER</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>STATE OF HAWAII</u></p> <p>My commission expires: <u>12.23.2019</u></p>
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PART V AUTHORIZATION TO LOBBY

NAME Justin Brooke		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Hawaii Helicopter Association		TELEPHONE 808-447-1840	
MAILING ADDRESS (No. and Street or P.O. Box) 1099 Alakea Street, Suite 2530		FAX	
		EMAIL <u>jbrokee@hawaii-helicopters.com</u> <u>jbrokee@hawaii-helicopters.com</u>	
(City) Honolulu	(State) HI	(Zip Code) 96813	
<p>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</p> <p><u>[Signature]</u> <u>8/30/2019</u> (Signature of Authorizing Officer or Person Represented) (Date)</p>			